

DATE OF APPLICATION\_\_\_\_\_

## POLL WORKER APPLICATION

FULL NAME			
RESIDENCE ADDRESS	ZIP CODE		
MAILING ADDRESS (IF DIFFERENT FROM RESIDEN	•	CODE_	
DATE OF BIRTHSOCIAL SECUI	RITY #		
HOME PHONEWORK/CELL PHONE			
EMAIL			
PARTY PREFERENCE (PLEASE CHECK ONE)	DEN	I REP	OTHER
COMPUTER KNOWLEDGE (PLEASE CHECK ONE)	YES	OR	NO
ELECTION EXPERIENCE (PLEASE CHECK ONE)	YES	OR	NO
BILINGUAL (PLEASE CHECK ONE)	YES	OR	NO
	EA		